

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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9							59						
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43							93						
44							94						
45							95						

TOTAL IND.				
TOTAL DEP.				

TOTAL IND.				
TOTAL DEP.				

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	APPLICANT(S)	

(FOR USE WITH CLAIMS)													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓							51					
2								52					
3								53					
4								54					
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39								89					
40								90					
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42								92					
43								93					
44								94					
45								95					
								96					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

TOTAL DEP.				
TOTAL CLAIMS				